

<b>ORGANIZATION ACTION</b>	WING	WING CONTROL #	DATE	CHARTER NUMBER (If assigned)
UNIT NAME		<b>COMPLETE APPLICABLE ITEMS ONLY</b>		
<b>I. UNIT CHANGES</b>  <i>Complete blocks specified for change indicated:</i> <input type="checkbox"/> Commander (Block 1) <input type="checkbox"/> Mailing Address (Block 2) <input type="checkbox"/> Meeting Place (Block 3) <input type="checkbox"/> Meeting Day/Time (Block 4) <input type="checkbox"/> Unit Name (Block 5) <input type="checkbox"/> Other Items, Specify		<b>1. UNIT COMMANDER</b>  Unit Commander's Name (Last, First, MI)                      CAPSN  Area Code                      Home Phone                      Work Phone  Permission to contact at work: <input type="checkbox"/> Yes <input type="checkbox"/> No, I prefer to be contacted at home.		
<b>II. REDESIGNATION</b>  <i>Unit redesignated as follows:</i> <input type="checkbox"/> CADET <input type="checkbox"/> SENIOR <input type="checkbox"/> COMPOSITE <input type="checkbox"/> FLIGHT		<b>2. UNIT MAILING ADDRESS</b>  Mailing Address  City                      State                      Zip +4		
<b>III. ACTIVATION</b>  <input type="checkbox"/> Request Charter. ( <i>Complete <u>all</u> items on right side of form.</i> )  I agree to operate the unit in compliance with the purposes and objectives of the Civil Air Patrol as set out in its charter, Constitution, Bylaws, and other directives and authorize the inclusion of this unit in the Civil Air Patrol roster of units for which it annually makes application for group exemption from Federal income taxes.  _____ Signature of Unit Commander		<b>3. UNIT MEETING PLACE</b>  Street Address  City                      State                      Zip +4		
<b>IV. DEACTIVATION</b>  <input type="checkbox"/> The above unit is deactivated for the reasons outlined on the reverse side of this form. Remaining members are to be transferred to charter number _____.  By signature of this form below, I certify that there has been a proper accounting of all unit funds as evidenced by a closing financial report (CAP Form 173). Reference CAPR 173-1. I also certify that any real property (land, buildings) has been properly transferred and equipment and supplies inventoried and transferred as evidenced by CAP Forms 37.		<b>4. MEETING DAY/TIME</b>  Meeting Day                      Time		
<b>8. TYPED NAME AND GRADE OF WING COMMANDER (OR VICE)</b>		<b>5. UNIT NAME CHANGE</b>  New Name		
<b>9. SIGNATURE OF WING COMMANDER (OR VICE)</b>		<b>6. NAME OF PERSON ORGANIZING UNIT</b>		
		<b>7. SPONSORING ORGANIZATION</b>		